

# Respiratory Care Board of California

444 North 3<sup>rd</sup> Street, Suite 270, Sacramento, CA 95814

Telephone: (916) 323-9983 Toll-Free: (866) 375-0386 Website: [www.rcb.ca.gov](http://www.rcb.ca.gov) E-mail: [rcbinfo@dca.ca.gov](mailto:rcbinfo@dca.ca.gov)

## Respiratory Care Practitioner APPLICATION FOR LICENSURE

1. Applicant Category and Applicable Fee (Check one):

- ☐ Examination Candidate (Application fee: \$200)
- ☐ NBRC Credentialed (Application fee: \$200)
- ☐ Foreign-Educated / Country Educated: \_\_\_\_\_  
(Application and Exam fee: \$390)

Make fees noted above, payable to the RCB and submit with this application.  
If submitting fingerprint cards (in lieu of Live Scan), add \$66.

Paste a color passport  
style 2" X 2"  
photograph here.

Photograph must have  
been taken within the last  
60 days.

Group or cropped pictures  
will NOT be accepted.

2. Name \_\_\_\_\_  
Last First Middle

3. Mailing Address \_\_\_\_\_  
Number/Street/Route City State Zip

4. Residence Address \_\_\_\_\_  
(if different than above) Number/Street/Route City State Zip

5. Day Telephone No.: ( ) \_\_\_\_\_ Alternate No. (optional): ( ) \_\_\_\_\_

6. E-Mail Address (optional): \_\_\_\_\_

7. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_

8. **PROGRAM DIRECTOR CERTIFICATION** (Please have your respiratory care program director complete this section  
ONLY if you will have earned your Associate Degree and completed your respiratory therapy program in the next 90 days.)

The undersigned certifies that the records of this institution show that \_\_\_\_\_  
Student's Name  
has attended \_\_\_\_\_ and is scheduled to  
Institution Name  
complete his/her respiratory care program on \_\_\_\_\_ and will have/has met all the  
requirements for the awarding of an Associate Degree on/as of \_\_\_\_\_ (provided all course  
work currently enrolled in is satisfactory and complete).

**EMBOSS SCHOOL SEAL HERE**

I declare under penalty of perjury under the laws of the State of California that the student listed above will complete our respiratory care program and has met the requirements for the awarding of an Associate Degree on the dates specified above. I understand that should the student not graduate, he/she is ineligible for the licensing examination and the Board should be notified.

Signed \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_  
Program Director Signature Day Month Year

9. Completed Respiratory Education Program Information

Institution Name: \_\_\_\_\_ Date (to be) Completed: \_\_\_\_\_

10. Degree Information (List additional degree information on a separate sheet of paper and submit with application)

Institution Name: \_\_\_\_\_ Degree (to be) Awarded: \_\_\_\_\_

Major: \_\_\_\_\_ Date (to be) Awarded: \_\_\_\_\_

Institution Name: \_\_\_\_\_ Degree (to be) Awarded: \_\_\_\_\_

Major: \_\_\_\_\_ Date (to be) Awarded: \_\_\_\_\_

**An OFFICIAL copy of your transcript (from each institution reflecting completion of your respiratory care program and the awarding of a minimum of an Associate Degree) must be sent from the institution DIRECTLY to the Board.**

11. If you have ever been known by any other name(s), including your maiden name, please list the full name(s) and date(s) of use below (List additional names and dates of use on a separate sheet of paper and submit with application):

Full name: \_\_\_\_\_ Dates of Use (to/from) \_\_\_\_\_

Full name: \_\_\_\_\_ Dates of Use (to/from) \_\_\_\_\_

Full name: \_\_\_\_\_ Dates of Use (to/from) \_\_\_\_\_

12. Have you previously applied for or been issued a certificate or license with the Respiratory Care Board of California?

\_\_\_\_ Yes \_\_\_\_ No

13. Have you ever applied for or been issued a registration, certificate or license to practice respiratory care in any other state?

\_\_\_\_ Yes \_\_\_\_ No

14. Have you ever applied for or been issued a registration, certificate or license to practice any other healing art in California or any other state?

\_\_\_\_ Yes \_\_\_\_ No

15. Have you previously taken the CRT or RRT credentialing exam or any other licensing exam?

\_\_\_\_ Yes \_\_\_\_ No

16. If you answered YES to any question from number 12 through number 15, provide complete information in the following chart (List additional information on a separate sheet of paper and submit with application):

Registration, Certification, License Type	Approximate Date of Application	Approx. Date of Reg., Cert., Lic. Issuance	State or Country where Reg., Cert, or Lic. was Issued	Exam Name or Type	Passed/Failed	Approximate Exam Date	State or Country where Exam was Taken

**If you ever held a registration, certificate or license in another state you must contact the issuing agency and request a "license verification" be sent directly to the Board. If you hold a CRT, or RRT credential, you must contact the NBRC (Web site: [www.nbrc.org](http://www.nbrc.org) /telephone: (913) 599-4200) and request a "credential verification" be sent directly to the Board.**



17. List ALL Driver License Numbers issued within the last 10 YEARS (*current or expired*):  
(List additional licenses on a separate sheet of paper and submit with application)

License No.: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License No.: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License No.: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Original Department of Motor Vehicles (DMV) printout(s) showing 10-year histories (unless the license was held for a shorter period of time) **MUST** be submitted with the application for all licenses noted above.

**ATTENTION TO APPLICANTS EVER ISSUED A DRIVER LICENSE IN CALIFORNIA**

Approximately 50% of all DMV records submitted to the Board as part of the application process for respiratory care licensure are not accepted. This delays the processing of your application and you will be required to resubmit a request to DMV to obtain the correct record.

**You must request and obtain the "H-6" Driving History Record from DMV and submit with your application.**

18. Have you ever been convicted\* in any state court, federal court or foreign country of:

(a) a citation (including Vehicle Code citations\*\*) \_\_\_\_\_ Yes \_\_\_\_\_ No

(b) a misdemeanor (including ALL Vehicle Code violations) \_\_\_\_\_ Yes \_\_\_\_\_ No

(c) a felony (including ALL Vehicle Code violations) \_\_\_\_\_ Yes \_\_\_\_\_ No

\* A conviction following a plea of *nolo contendere* is deemed a conviction

\*\* You are not required to report minor traffic violations (i.e. speeding, running traffic stop, illegal parking, etc.) unless the violation was a misdemeanor or felony. You are, however, required to include any violation that is in any way related to drugs or alcohol (i.e., reckless driving, wet reckless, driving under the influence, etc.) Any other citation that was not a violation of the Vehicle Code must be reported. If in doubt, report the information to avoid perjuring your application.

19. Have you ever been arrested, charged or convicted or had a conviction expunged, dismissed, reduced or diverted by the court? (Any conviction which has been dismissed or reduced pursuant to California Penal Code Section 1203.4 **MUST BE DISCLOSED!**) \_\_\_\_\_ Yes \_\_\_\_\_ No

20. Are you now being treated for addiction to alcohol and/or drugs? \_\_\_\_\_ Yes \_\_\_\_\_ No

21. Do you have a medical condition or does your use of chemical substances in any way impair or limit your ability to conduct with safety to the public the practice of respiratory care? \_\_\_\_\_ Yes \_\_\_\_\_ No

22. Has any disciplinary action ever been taken by any federal, state or other governmental agency or other country against any professional or vocational registration, certificate or license you now hold or have held in the past? \_\_\_\_\_ Yes \_\_\_\_\_ No

23. Have you ever resigned from a medical facility or registry in lieu of disciplinary action? \_\_\_\_\_ Yes \_\_\_\_\_ No

24. Have you ever been denied registration, a certificate or a license to practice a business or profession by any federal, state, or other governmental agency or other country? \_\_\_\_ Yes      \_\_\_\_ No
25. Have you ever been denied permission to practice respiratory therapy or any other healing arts profession by any federal, state, or other governmental agency or other country? \_\_\_\_ Yes      \_\_\_\_ No
26. Have you ever been denied permission to take a registration, certification or licensing examination by any federal, state, or other governmental agency or other country? \_\_\_\_ Yes      \_\_\_\_ No
27. Have you ever voluntarily surrendered a license to practice in the healing arts in this state or any other state? \_\_\_\_ Yes      \_\_\_\_ No

**If you answered YES to any questions numbered from 18 through 27, you MUST submit a full and complete explanation for each YES answer or each conviction on the enclosed "BACKGROUND STATEMENT" form.**

**In addition, in order to process your application, you must submit certified copies of all applicable:**

- \* arrest records that resulted in convictions or diversion
- \* court records and other legal documents stating convictions, final disposition and order
- \* if still serving any type of probation, letters of compliance from probation officers
- \* dates of treatment, intake/exit assessments, letters from counselors verifying successful completion of substance abuse program(s)
- \* letters and legal documentation related to the denial or disciplinary action against any registration, certificate or license
- \* any other legal and rehabilitative documents

**OPTIONAL QUESTION:** Where did you first learn about the respiratory care profession? *(Please check all that apply)*

\_\_\_\_ Career Fair      \_\_\_\_ High School      \_\_\_\_ Personal Experience      \_\_\_\_ College      \_\_\_\_ Other

Comments: \_\_\_\_\_

### **Penalty of Perjury Certification**

I declare under penalty of perjury under the laws of the State of California that the information contained in this application and copies of all documents submitted with the application are true and correct and that I have read and understand the disclosure statements provided in the directions for this application. I understand that if I do not pass the examination on my first attempt, all rights and privileges to practice as a respiratory care practitioner applicant automatically cease. I understand that I must possess a valid license to practice respiratory care in the State of California. I hereby grant the Board permission to verify any information contained in this application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date